



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 1621
Examiner : Deborah D. Carr
Serial No. : 10/799,532
Filed : March 12, 2004
Inventor : Pierre Potier
Title : METHOD FOR THE PREPARATION OF
: UNSATURATED HYDROXY FATTY
: ACIDS AND THEIR ESTERS, THEIR
: USE IN PHARMACEUTICAL AND/OR
: COSMETIC PREPARATIONS

Customer No.: 035811

Docket No.: 1054-04

Confirmation No.: 8499

Dated: May 25, 2005

Mail Stop Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcard

\$60.00 Check

\$300.00 Check

Claim of Extension of Time for Response, in duplicate

Amendment Transmittal Letter, in duplicate

Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Mail Stop Amendment**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP

Customer No. 035811

By: 

Date: 25 MAY 2005



Attorney Docket No.: 1054-04

In re Application of Pierre Potier

Serial No.: 10/799,532

Filed: March 12, 2004

For: METHOD FOR THE PREPARATION OF UNSATURATED HYDROXY FATTY ACIDS
AND THEIR ESTERS, THEIR USE IN PHARMACEUTICAL AND/OR COSMETIC
PREPARATIONS

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

— Small entity status of this application under 37 CFR §1.9 and §1.27 has been established.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

— No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PRE- VIOUSLY PAID FOR		
		PRESENT EXTRA		
TOTAL	*20	- **30 =	0	
INDEP.	* 6	- ** 3 =	3	
Application Size Fee				
First Presentation of Multiple Dependent Claim				
			RATE	ADD'L FEE
			x 25 =	\$
			x 100 =	\$300.00
				\$
			+180 =	\$
TOTAL ADDITIONAL FEE			\$300.00	OR
				\$

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.


*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

— Please charge my Deposit Account No. 50-2719 in the amount of \$_____. A duplicate copy of this sheet is enclosed.

- x A check in the amount of \$300.00 is attached.
- x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.
- x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.
- x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,


T. Daniel Christenbury
Reg. No. 31,750
Attorney for Applicant

TDC:lh
(215)656-3381